

DEPARTMENT OF GENERAL SERVICES Records Management Division	Schedule # 2369
RECORDS RETENTION AND DISPOSAL SCHEDULE	Page 1 of 2

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FINANCIAL MANAGEMENT ADMINISTRATION**

This schedule supersedes Schedules 2093, Items 3 thru 9, 11, and 12

	DESCRIPTION	RETENTION
	<u>DIVISION OF COST ACCOUNTING AND REIMBURSEMENT</u>	
1	Billing and Collection Plans Approved vendor fiscal operations plans for local health departments.	1. Retain in office for two (2) years ; transfer to the Records Center for three (3) years , then destroy.
2	Computer Generated Audit Tracking System Including pertinent audit summary information of the settlement process.	2. Alphabetize at the close of each fiscal year; retain in office twenty (20) years , then destroy.
3	Closed Audit Files Settled LHD & Private Vendor Files.	3. Retain in office for two (2) years or while under a payment plan ; transfer to the Records Center for five (5) years , then destroy.
4	Rate Setting Files for Private Vendors and Local Health Departments Including calculation of rates for clients, vendors, submissions, correspondence, etc.	4. Retain in office for four (4) years ; transfer to the Records Center for three (3) years , then destroy.
5	Sliding Fee Scales Including calculations of sliding fee scales for vendors, related correspondence, etc.	5. Retain in office for five (5) years , then destroy.
6	Medicare/Medicaid Costing Including cost reports, backup data, cost settlements, related correspondence, rate setting, etc.	6. Retain in office ten (10) years ; transfer to the Records Center for five (5) years , then destroy.
7	PCIS II / Prospective Payment Files Including cost reports, payment requests, client data, attendance data, related correspondence, and reconciliation documents.	7. Retain in office three (3) years ; transfer to the Records Center for three (3) years , then destroy.
8	Indirect Cost Files Including cost rates set, hard copy of rate calculation, backup data for cost reports, and related correspondence with Federal government on rate setting.	8. Retain in office for six (6) years ; transfer to the Records Center for four (4) years , then destroy.

APPROVED:(DHMH Official) DATE: SEP 16 2005

SIGNATURE: 
James P Johnson, Chief Financial Officer

AUTHORIZED:(State Archives) DATE: SEP 29 2005

SIGNATURE: 
Edward C Papenfuss Jr, State Archivist

DEPARTMENT OF GENERAL SERVICES Records Management Division		Schedule # 2369
RECORDS RETENTION AND DISPOSAL SCHEDULE		Page 2 of 2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FINANCIAL MANAGEMENT ADMINISTRATION		
This schedule supersedes Schedules 2093, Items 3 thru 9, 11, and 12		
ITEM	DESCRIPTION	RETENTION
9	Patient Billing Records and Financial Agent Records- Reimbursements Series Including rate establishment forms, payment orders, tabulation sheets, claims records, etc.	9. Retain in office for five (5) years and until all audit requirements have been met; transfer to the Records Center for two (2) years , then destroy
10	Social Security Clearance Account Ledger Including files for clients in DHMH facilities, guardianship bank records, and estate case records. <u>DIVISION OF BUDGET ANALYSIS</u>	10. Retain in office for three (3) years and until all audit requirements have been met, then destroy.
11	Budget Management File Series Including budget requests and quarterly projections, spreadsheets and word processing files submitted by all DHMH units, budget tracking logs, and other electronic and paper format data compilations. <u>CHIEF FINANCIAL OFFICER'S FILES</u>	11. Maintain electronic files and support documentation in active files until end of fiscal year, then move to inactive and back up copies of all electronic files. Retain files in office for four (4) years and until all audit requirements have been met, then destroy.
12	DHMH FISCAL PLANNING FILES Files relating to the Department's long-term fiscal plans including spreadsheets, projections, special projects, studies, and related data in both electronic and paper formats.	12. Retain planning files and support documentation in office until no longer needed, replacing and destroying obsolete or superseded information periodically.

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 769-1379		DHMH RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u> <i>Item 11</i>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board <i>Financial Mgt. Admin</i>		3. Division/Unit or Section <i>Budget Analysis</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Budget Mgt. File Series</i>				5. Earliest Year/Latest Year <i>1994-2005</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Quarterly projections, budget requests, spreadsheets, word processing files submitted by units to Budget analysis, also Budget tracking logs & other electronic & paper files.</i>					
7. Record Series Format(s) List all Paper: <input checked="" type="checkbox"/> Letter Size Film / tape: <input type="checkbox"/> 35mm, etc. Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Legal Size <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc. <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <i>organizational</i>		9. Volume <i>mostly electronic</i> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <i>12</i> Month(s) Number <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <i>O'Connor Bldg - 5th Floor</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention: In Office And In Storage (Each Format) <i>Set up by fiscal year - move previous year to inactive keep 4 years, then destroy.</i>		
19. Name and Title of Preparer <i>Tom Kravitz</i> E-mail address: _____		20. Location: <i>O'Connor</i> Telephone Number# _____ Room # _____		21. Date <i>9/15/05</i>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u> </u></p> <p style="text-align: right; font-size: 1.2em;"><i>1/16/05</i></p>	
<p>1. Department/Agency <u>DHMH</u></p> <p>DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board</p> <p><i>Financial Mgt Admin</i></p>		<p>3. Division/Unit or Section</p> <p><i>CFO</i></p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title</p> <p style="font-size: 1.2em;"><i>DHMH FISCAL PLANNING Files</i></p>				<p>5. Earliest Year/Latest Year</p> <p><i>2000 to 2005</i></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p style="font-size: 1.2em;"><i>Long term Fiscal plans, spreadsheets, projections, studies, special projects, etc</i></p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><i>Alphabetical</i></p> <p><input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><i>20</i></p> <p>Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____</p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) <i>N/A</i></p>			
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p style="font-size: 1.2em;"><i>O'Connor Bldg. 5th Floor</i></p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>			
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p style="font-size: 1.2em;"><i>screen periodically, replace/destroy obsolete info as needed.</i></p>			
<p>19. Name and Title of Preparer</p> <p style="font-size: 1.2em;"><i>Tom Kravitz</i></p> <p>E-mail address: _____</p>		<p>20. Location: <i>O'Connor 5th Floor</i></p> <p>Telephone Number# <i>410 767-5934</i> Room # _____</p>		<p>21. Date</p> <p style="font-size: 1.2em;"><i>9/16/05</i></p>	